MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009935
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 299

FILED MAR 19 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 5117 DATE AMENDED
2 5117 2
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4 0
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9 9020
10 21
11 131
12 3-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF C.S. GRANT, M.D. DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
Length of stay in 1b: 30 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 609 E. Colorado Ave.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Henry Middle: Clay Last: Conard

4. DATE OF DEATH: Month: March Day: 7 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: Dec. 17, 1889

9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Feed Mill

11. BIRTHPLACE (City and state or country): Rushville, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Conard

13b. MOTHER'S MAIDEN NAME: Mary Lou Lay

14. NAME OF HUSBAND OR WIFE: Mary Conard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mary Conard, 609 E. Colorado Ave.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Paralysis - paraplegia - 3rd or 4th cervical	4 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Broken Neck	4 Hrs
DUE TO (c)	Fall from tree - abrasions face	4 Hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Trimming a tree - fell 20 feet

20c. TIME OF INJURY Hour: 2 to 3:30 a.m. p.m. Month, Day, Year: 3-7-62

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): about home

20f. CITY, TOWN, OR LOCATION: St. Joseph COUNTY: Buchanan STATE: Mo

21. I attended the deceased from 3-7-62 4:PM to 3-7-62 7:15 P and last saw her/him alive on 3-7-62
Death occurred at 7:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C.S. Grant MD

22b. ADDRESS: St. Joseph Mo

22c. DATE SIGNED: 3.15.62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Mar. 9, 1962

23c. NAME OF CEMETERY OR CREMATORY: Sugar Creek Cemetery

23d. LOCATION (City, town, or county) (State): Rushville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Clark Funeral Home St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Mar. 16, 1962

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell MD

(Licensed Embalmer's Statement on Reverse Side)

MAY 31 1962

Dr. Grant

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Emma Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.